

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	S		02-1-7-01
O.I.P.E. CLASSIFIER	J	32	5/14/
FORMALITY REVIEW	J	870	66-4-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

Rejected N
 Allowed I
 Canceled A
 Restricted O

(Through number)

Non-elected
 Interference
 Appeal
 Objected

Claim	Date	Claim	Date	Claim	Date
Final		Original		Final	
10		1		51	
20		2		52	
30		3		53	
40		4		54	
5		5		55	
6		6		56	
7		7		57	
8		8		58	
9		9		59	
10		10		60	
11		11		61	
12		12		62	
13		13		63	
14		14		64	
15		15		65	
16		16		66	
17		17		67	
18		18		68	
19		19		69	
20		20		70	
21		21		71	
22		22		72	
23		23		73	
24		24		74	
25		25		75	N
26		26		76	N
27		27		77	
28		28		78	
29		29		79	
30		30		80	
31		31		81	
32		32		82	
33		33		83	
34		34		84	
35		35		85	
36		36		86	
37		37		87	N
38		38		88	N
39		39		89	N
40		40		90	N
41		41		91	
42		42		92	
43		43		93	
44		44		94	
45		45		95	
46		46		96	
47		47		97	
48		48		98	
49		49		99	
50		50		100	

If more than 150 claims or 10 actions
 staple additional sheet here

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